

APPLICATION FOR RECORDS RETENTION SCHEDULE

JAN 2 1986

860106-01

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

JAN 6 1986

DHR Application Date 1/2/86 Application Number 86-1		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES Division of Public Health Adult Health Unit 878 Peachtree St. NE - Room 109 Atlanta, Ga. 30309		ARCHIVES AND HISTORY Application Number 79-12-A Date Received JAN 6 1986 Date Completed FEB 25 1986	
2. Person to Contact Carol Steiner		Working Title Program Director		Telephone Number 894-4405	
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. 79-12-A Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void					
4. Dates of Series Earliest 1982 Latest continuing		5. Records Series Title (followed by title used in office; if different) Cervical Cancer Screening Program Files			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?					
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Included are: The file is arranged:					
8. Monthly Reference Rate One to six months old _____ ; Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ; twenty-five months and older _____ ? How often are records referred to which are:					
9. Annual Rate of Accumulation or Records Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then, _____

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

Central Cancer Control Program

Questionable and Positive Reports

(Inactive File)

Cut off file at the end of each fiscal year;
transfer to State Records Center; hold 10
years; then destroy.

These instructions apply to all prior and future accumulation of records for this series title.

Signature	Date	Signature	Date
DHR Office/Division — Director/Designee		DHR Records Management Supervisor	
		ELIZABETH W. CRANK, RMM	1/2/86
DHR Section/Unit — Chief/Supervisor/Designee		DHR Records Management	
Carol B. Stearns, RMM		Paul T. Murphy	1/2/86
		PAUL T. MURPHY, RMO	

STATE RECORDS COMMITTEE

Retention recommendations
in paragraph 12 are approved
— If not approved, please
attach a letter of explanation.

	Signature	Date
State Auditor/Designee	Edward W. Reed	1/14/86
Secretary of State/Designee		1/10/86
Attorney General/Designee		

RECEIVED
JAN 2 1986
SERVICES SECTION



Secretary of State
Department of Archives and History
330 Capitol Avenue S.E.
Atlanta, Georgia 30334

Max Cleland
SECRETARY OF STATE
(404) 656-2881

Edward Weldon
DIRECTOR
(404) 656-2358
INFORMATION (404) 656-2393

M E M O R A N D U M

TO: Gerald Poe - RMO, DHR

FROM: Peter E. Schinkel - Schedule Unit

DATE: May 22, 1990

SUBJECT: Acceptance of minor change report submitted
March 23, 1990; application #900328-01.

SCHEDULE #: 79-012-A effective February 25, 1986

SERIES: "Cervical Cancer Screening Program Files,"
1982 and continuing.

CHANGE: Item #1. Administering/Creating Offices;

From: "Dept. Human Resources,
Division of Public Health,
Adult Health Unit

To: "Dept. of Human Resources,
Division of Public Health,
Community Health Section,
Cancer Program"

CHANGE: Item # 12. Cut-off for Central Cancer Control
Program "Questionable and Positive Reports" AND
District Offices and County Health Departments
"Negative Reports"

From: "Calendar Year"

To: "Fiscal Year"

continued on page 2

4388-38 15 APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR Application Date November 2, 1979 Application Number DHR-44		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES Division of Physical Health Chronic Disease Unit - Disease Prevention Programs / 618 Ponce de Leon, N.E. Atlanta, Georgia 30306		ARCHIVES AND HISTORY Application Number 79-12-A Date Received NOV 13 1978 Date Completed NOV 29 1979	
2. Person to Contact Mr. Bob Finton		Working Title Health Program Consultant		Telephone Number 894-5125	
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. 79-12 Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void					
4. Dates of Series Earliest _____ Latest _____		5. Records Series Title (followed by title used in office, if different) Cervical Cancer Screening Program Files			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?					
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Included are: The file is arranged :					
8. Monthly Reference Rate How often are records referred to which are: One to six months old _____ ; Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ; twenty-five months and older _____ ?					
9. Annual Rate of Accumulation or Records Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements The following requires the series to be kept: 498

a. State Law	_____ years.	d. Audit period	_____ years.
b. Statute of limitation	_____ years.	e. Administrative need	_____ years.
c. Federal law	_____ years.	f. Federal retention instructions	_____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions This agency recommends that the file series be cut off at the end of each: _____ then,

☐ Calendar Year; ☐ Fiscal Year; ☐ Other _____

☐ Hold in the current files area _____ month(s) _____ year(s); then

☐ Transfer to local holding area; hold _____ year(s); then

☐ Transfer to State Records Center; hold _____ year(s); then

☐ Destroy

☐ Transfer to State Archives for permanent retention.

☐ Other (Specify) _____

Central Cancer Control Program

Negative Reports

Cut off file at end of each month;
transfer to State Records Center;
hold 5 years; then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Robert J. Finton</i>	10/31/79	<i>Elizabeth W. Crank</i>	10/31/79
		Elizabeth W. Crank, C.R.M. State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Auditor/Designee	11-27-79
		Secretary of State/Designee	11-27-79
		Attorney General/Designee	11-29-79

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone (404) 656-4976 GIST: 221-4983.

DHR		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES		ARCHIVES AND HISTORY	
Application Date January 10, 1979		Division of Physical Health /Chronic Disease Unit/ Disease Prevention Programs/ 618 Ponce de Leon Ave., N.E. Atlanta, Ga. 30306		Application Number 79-12	
Application Number DHR-1979-10				Date Received JAN 10 1979	
				Date Completed FEB - 5 1979	
2. Person to Contact Mr. Jack Landrum		Working Title Cervical Cancer Screening Program Coordinator		Telephone Number 894-5125	
3. Action Requested					
a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void					
4. Dates of Series		5. Records Series Title (followed by title used in office, if different)			
Earliest 1973		Latest to present			
		Cervical Cancer Screening Program Files			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?					
<p>The Division of Physical Health, through the leadership of the Director, is responsible for the administration, direction, and coordination of the physical health programs throughout Georgia. This is accomplished by the establishment of health standards for business, housing, and field operations; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; and the daily State-wide program of registration, statistical coding, certification, and preservation of births, marriages, divorces, annulments of marriage, and deaths that occur each year in the State.</p> <p>Chronic Disease Unit/ Disease Prevention Programs have the responsibility to identify and treat adults with major chronic diseases such as: high blood pressure, diabetes, glaucoma, cancer, stroke, heart disease, and rheumatic fever; develop mass screening techniques and train district and county health staffs in these techniques; provide necessary equipment and supplies for mass screening; compile statistics on stroke and heart attack factors through use of a computer program; operate and administer a cancer control program; and contract with hospitals to provide treatment for persons with kidney diseases who are unable to pay from their own or other resources.</p>					
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.					
Documents relating to: maintaining records of results for the cervical cancer screening program.					
Included are: form DPH/HIS (1)-50 (new No. 3150) (Cervical Cancer Screening Report) which shows name and address of County Health Department; full client information (name, address, phone, date of birth, telephone, Social Security #, dates of pap smears, race, household income, clinic type, family history, menstrual status, # of pregnancies, # (of children) born alive, whether or not client is pregnant, post-hyst., other, type of treatment, family planning method, results of last pap smear); name and address of pathologist; laboratory accession no.; cytologic comments and recommendations and signature; client signature and agreement that information on form will be used for audit and statistical purposes; form 3151 (Follow-up Questionnaire to Physicians/Clinics) and form 3152 (Follow-up Questionnaire to Local Health Departments) show result of repeat cytology, biopsy procedure and result, treatment and disposition.					
The file is arranged : by month; thereunder, by batch number; thereunder, by last name of pathologist.					
8. Monthly Reference Rate How often are records referred to which are:					
One to six months old <u>125</u> ; Seven to twelve months old <u>rare</u> ; check for errors Twenty-five months and older <u>?</u> ; Thirteen to twenty-four months old _____ ;					
9. Annual Rate of Accumulation or Records					
Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) <u>30 cubic feet -</u> stored in Records Center boxes					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it? _____ of the complete information
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. DHR policy concerning confidentiality of records
	X	c. Is this a vital record?
X		d. Does this series have historical or long term research value? statistical portion of file series
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately? printout of statistical information will be included in: Director's
	X	f. Is the information contained in this series ever published? If yes, attach copy. _____ (Subject Files)
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. computer printout showing statistical information
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? appropriate portions: District Offices & County Health Departments
	X	i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout? 2 - Statistical Report & Financial Report

11. Retention Requirements

The following requires the series to be kept:

- | | |
|---------------------------------------|--|
| a. State Law _____ years. | d. Audit period _____ years. |
| b. Statute of limitation _____ years. | e. Administrative need <u>10</u> years. |
| c. Federal law _____ years. | f. Federal retention instructions _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

for reference and audit

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify) _____

see attached pages 3 and 4

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Ruth Moody</i>	<i>1/8/79</i>	<i>Elizabeth W. Crank, CRM</i>	<i>1/5/78</i>
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		<i>Carroll Hart</i>	<i>2-1-79</i>
State Auditor/Designee		<i>Carroll Hart</i>	<i>1-31-79</i>
Secretary of State/Designee		<i>Carroll Hart</i>	<i>2-2-79</i>
Attorney General/Designee		<i>Carroll Hart</i>	

Cervical Cancer Screening Program Files

Continuation Page

3

12. Form DPH/HIS(1)-5- (new no. 3150) (Cervical Cancer Screening Report)
When applicable:
Form 3151 (Rev. 3-78) (Follow-up Questionnaire to Physicians/ Clinics)
Form 3152 (Rev. 3-78) (Follow-up Questionnaire to Local Health Departments)

Central Cancer Control Program

Negative Reports - Cut off file at end of each month; hold in current files area one year; transfer to State Records Center; hold 4 years; then destroy.

Questionable and Positive Reports - Place information from monthly accumulation of forms in computer; place in individual patient file folder; then,

Active file - Hold all papers for individual client until it is determined that client is cured, is no longer in program, has reached age 75, or has died; then place all papers for that client in the inactive file.

Inactive file - Cut off file at end of each calendar year; transfer to State Records Center; hold 10 years; then destroy.

District Offices and County Health Departments

Negative Reports - Cut off file at end of each calendar year; hold in current files area 1 year; transfer to Local Holding Area; hold 2 years; then destroy.

Questionable or Positive Reports

Active file - Place information in individual patient file folder; hold all papers for individual client until it is determined that client is cured, is no longer in program, has reached age 75, or has died; then place all papers for that client in the inactive file.

Inactive file - Cut off file at end of each calendar year; transfer to Local Holding Area; hold 5 years; then destroy.

Printouts (received monthly) (selected information from forms 3150, 3151, 3152)

Adult Health Screening - Cervical Cancer
Screening Program (statistical report)

Central Cancer Control Program (reference copy)

Transfer 1 copy to Family Health Director's Office (record copy); cut off reference copy file at end of each calendar year; hold in current files area 1 year; transfer to State Records Center; hold 2 years; then destroy.

District Offices and County Health Departments (applicable portions)

Cut off file at end of each calendar year; hold in current files area 1 year; transfer to local holding area; hold 2 years; then destroy.

Cervical Cancer Screening Program Files

Continuation Page

4

Printouts (continued)

Adult Health Screening - Cervical Cancer
Screening Program (statistical report)

Family Health Director's Office (record copy)

Include with FAMILY HEALTH DIRECTOR'S SUBJECT FILES -
transferred annually to State Archives - Approved Schedule
74-460

Cervical Cancer Screening Program - Regular
Program - Pathologist Payment List (financial list)

Central Cancer Control Program (reference copy)

Cut off file at end of each calendar year; hold in current
files area one year; transfer to State Records Center; hold
4 years; then destroy.

DHR Office of Accounting Services (record copy)

Apply Approved Schedule No. 78-185
ACCOUNTS PAYABLE (Expenditure Voucher) FILES